

<i>SERFF Tracking Number:</i>	<i>META-125490852</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>38193</i>
<i>Company Tracking Number:</i>	<i>IDG08-05</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>Individual Long-Term Care Insurance Advertising</i>		
<i>Project Name/Number:</i>	<i>IDG08-05/IDG08-05</i>		

## Filing at a Glance

Company: Metropolitan Life Insurance Company.

Product Name: Individual Long-Term Care      SERFF Tr Num: META-125490852      State: ArkansasLH

Insurance Advertising

TOI: LTC03I Individual Long Term Care

SERFF Status: Closed

State Tr Num: 38193

Sub-TOI: LTC03I.001 Qualified

Co Tr Num: IDG08-05

State Status: Filed-Closed

Filing Type: Advertisement

Co Status:

Reviewer(s): Harris Shearer

Author: Mary Rinaldi

Disposition Date: 04/14/2008

Date Submitted: 02/15/2008

Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: IDG08-05

Status of Filing in Domicile: Authorized

Project Number: IDG08-05

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: Resubmission

Previous Filing Number: IDG06-12

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 04/15/2008

State Status Changed: 04/15/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

This is an Individual LTCI advertising submission. Please refer to the submission cover letter for state specific details.

Re: Filing No. IDG08-05

Metropolitan Life Insurance Company ("MetLife")

Individual Long-Term Care Insurance Advertising

NAIC Company No. 65978 - FEIN 13-5581829

SERFF Tracking Number: META-125490852 State: Arkansas  
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 38193  
Company Tracking Number: IDG08-05  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: Individual Long-Term Care Insurance Advertising  
Project Name/Number: IDG08-05/IDG08-05

Advertising Form Number Brief Description of Invitation to Inquire Advertising Material  
ADF#1728.06(Rev.1207) Seminar Invitation

## Company and Contact

### Filing Contact Information

Mary Rinaldi, Consultant- Compliance mrinaldi@metlife.com  
MKTG/AD  
Green Farms Road (203) 221-3859 [Phone]  
Westport, CT 06880

### Filing Company Information

Metropolitan Life Insurance Company. CoCode: 65978 State of Domicile: New York  
1MetLife Plaza Group Code: -99 Company Type: Life  
Long Island City, NY 11101-4015 Group Name: State ID Number:  
(111) 111-1111 ext. [Phone] FEIN Number: 13-5581829  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$25.00  
Retaliatory? No  
Fee Explanation: per advertisement  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company.	\$0.00	02/15/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
000891737	\$25.00	02/01/2008

SERFF Tracking Number:	META-125490852	State:	Arkansas
Filing Company:	Metropolitan Life Insurance Company.	State Tracking Number:	38193
Company Tracking Number:	IDG08-05		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	Individual Long-Term Care Insurance Advertising		
Project Name/Number:	IDG08-05/IDG08-05		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Harris Shearer	04/15/2008	04/15/2008

<i>SERFF Tracking Number:</i>	<i>META-125490852</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>38193</i>
<i>Company Tracking Number:</i>	<i>IDG08-05</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>Individual Long-Term Care Insurance Advertising</i>		
<i>Project Name/Number:</i>	<i>IDG08-05/IDG08-05</i>		

## **Disposition**

Disposition Date: 04/14/2008

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>META-125490852</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>38193</i>
<i>Company Tracking Number:</i>	<i>IDG08-05</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>Individual Long-Term Care Insurance Advertising</i>		
<i>Project Name/Number:</i>	<i>IDG08-05/IDG08-05</i>		

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	cover letter		Yes
<b>Supporting Document</b>	NAIC Form		Yes
<b>Supporting Document</b>	Explanation of Variables		No
<b>Form</b>	Seminar Invitation		Yes

SERFF Tracking Number: META-125490852 State: Arkansas

Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 38193

Company Tracking Number: IDG08-05

TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified

Product Name: Individual Long-Term Care Insurance Advertising

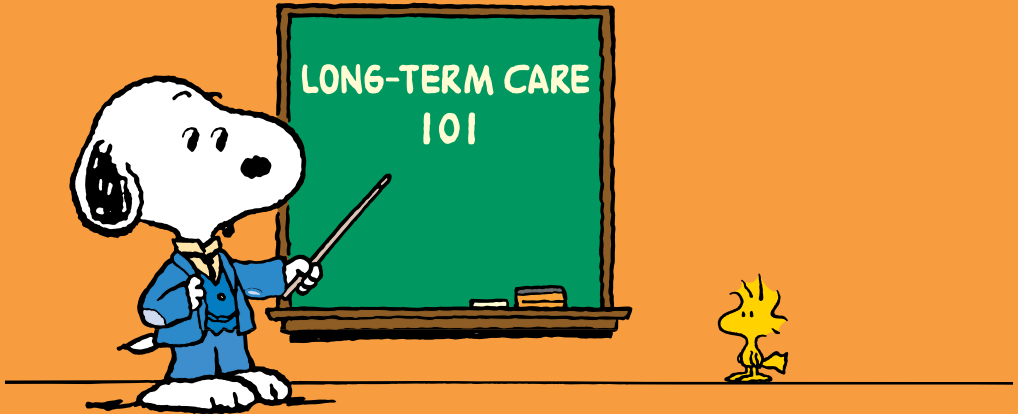
Project Name/Number: IDG08-05/IDG08-05

## Form Schedule

**Lead Form Number:** ADF#1728.06(Rev.1207)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ADF#1728.06(Rev.1207)	Advertising Seminar Invitation		Revised	Replaced Form #: ADF#1728.06 Previous Filing #: IDG06-12	0	ADF#1728.06 (Rev.1207) Seminar Invitation.pdf

Metropolitan Life Insurance Company ("MetLife")



**MetLife®**

## AN INVITATION FOR YOU

WHEN IT COMES TO LONG-TERM CARE, THERE'S SO MUCH INFORMATION, AND SO MANY COMPLICATED QUESTIONS. DON'T MISS THIS OPPORTUNITY TO LEARN MORE ABOUT LONG-TERM CARE AND HAVE YOUR QUESTIONS ANSWERED IN A RELAXED ENVIRONMENT. COME TO A FREE SEMINAR/SALES PRESENTATION AND GET SMART ABOUT LONG-TERM CARE.

## IN ONE HOUR YOU CAN LEARN:

- WHAT LONG-TERM CARE IS
- WHY PLANNING FOR LONG-TERM CARE IS NECESSARY
- WHAT GOVERNMENT PROGRAMS DO AND DO NOT COVER
- IF YOU CAN AFFORD TO SELF-INSURE
- WHERE TO GO FROM HERE

(DATE:)

(TIME:)

(SPEAKER:)

(MGA/FIRM:)

(LOCATION:)

RSVP

FOR DIRECTIONS AND TO CONFIRM YOUR ATTENDANCE, PLEASE CALL:







Metropolitan Life Insurance Company, New York, NY 10166

Subject to state availability, Metropolitan Life Insurance Company ("MetLife") individual Long-Term Care ("LTC") Insurance coverage is offered by the following MetLife policies: LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC, and LTC2007. In some states, these identifiers may be followed by the state's 2-letter abbreviation; "ML" for Multi-Life; and/or "P" for Partnership policies.

MetLife's LTC Insurance policies are guaranteed renewable and, like most LTC Insurance policies, cannot be cancelled due to an increase in your age or a change in your health. Premium rates can be raised as the result of a rate increase made on a class-basis. Like most LTC Insurance policies, MetLife's policies contain certain exclusions, limitations, elimination periods, reductions of benefits and terms for keeping them in-force. A MetLife appointed licensed insurance agent can provide you with complete costs and details.

• Not A Deposit or Other Obligation of Bank • Not FDIC-Insured • Not Insured by Any Federal Government Agency • Not Issued, Guaranteed or Underwritten by Bank or FDIC • Not a Condition to the Provision or Term of any Banking Service or Activity • Policy is an Obligation of the Issuing Insurance

<i>SERFF Tracking Number:</i>	<i>META-125490852</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>38193</i>
<i>Company Tracking Number:</i>	<i>IDG08-05</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>Individual Long-Term Care Insurance Advertising</i>		
<i>Project Name/Number:</i>	<i>IDG08-05/IDG08-05</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: META-125490852 State: Arkansas  
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 38193  
Company Tracking Number: IDG08-05  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: Individual Long-Term Care Insurance Advertising  
Project Name/Number: IDG08-05/IDG08-05

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** cover letter

02/15/2008

**Comments:**

The submission cover letter is enclosed.

**Attachment:**

AR\_I\_Filing Letter .pdf

### Review Status:

**Satisfied -Name:** NAIC Form

02/15/2008

**Comments:**

The NAIC Form is enclosed.

**Attachment:**

AR \_ NAIC\_Individual.pdf

### Review Status:

**Satisfied -Name:** Explanation of Variables

02/15/2008

**Comments:**

the EOv is enclosed

**Attachment:**

EOV ADF#1728.06(Rev.1207) Seminar Invite.pdf

Metropolitan Life Insurance Company  
57 Greens Farms Road, Westport, CT 06880  
Tel 203 221-3859 Fax 203 221-6573  
Mrinaldi@metlife.com

**MetLife®**

**Mary J. Rinaldi**  
Long-Term Care

February , 2008

Commissioner of Insurance  
Arkansas Insurance Department  
1200 West 3rd Street  
Little Rock, Arkansas 72201-1904

**Re: Filing No. IDG08-05**  
Metropolitan Life Insurance Company ("MetLife")  
Individual Long-Term Care Insurance Advertising  
NAIC Company No. 65978 - FEIN 13-5581829

Dear Sir/Madam:

We enclose for filing electronic copies of the Individual long-term care advertising materials described below. The materials are intended for use with the following approved Individual long-term care policy forms LTC2-IDEAL AR, LTC2-PREM AR, LTC2-VAL AR, LTC2-FAC AR approved by your Department on January 13, 2005 and LTC2007 AR approved on August 17, 2007.

The advertising material is similar to advertising form ADF#1728.06 filed by your Department on November 6, 2006.

<b>Advertising Form Number</b>	<b>Brief Description of Invitation to Inquire Advertising Material</b>
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ADF#1728.06(Rev.1207)	Seminar Invitation
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Variable material will be modified in accordance with the enclosed Explanation of Variables.

The NAIC form is enclosed and the filing fee check has been mailed to your Department.

Please advise us of your action on this submission in accordance with your usual procedures.

If you have any questions or comments, please do not hesitate to contact me.

Sincerely,



Mary J. Rinaldi  
Consultant-Compliance Marketing/AD

**Life, Accident & Health, Annuity, Credit Transmittal Document**

Reset Form

<b>1.</b>	<b>Prepared for the State of</b>	<b>ARKANSAS</b>					
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<b>2.</b>	<b>Department Use Only</b>						
	<b>State Tracking ID</b>						

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	STATE #
	Metropolitan Life Insurance Company Long-Term Care Insurance Division 57 Greens Farms Road Westport, CT 06881-9909	New York	A&H	241	65978	13-5581829	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Mary J. Rinaldi Metropolitan Life Insurance Company Long-Term Care Insurance Division 57 Greens Farms Road Westport, CT 06881-9909	203.221.3859	203.221.6573	mrinaldi@metlife.com

<b>5.</b>	<b>Requested Filing Mode</b>	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
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<b>6.</b>	<b>Company Tracking Number: IDG08-05</b>		<b>Advertising Form(s): ADF#1728.06(Rev.1207)</b>	
<b>7.</b>	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission <input type="checkbox"/> Previous file #			

<b>8.</b>	<b>Market</b>	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise	<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
		<b>Group</b>	

<b>9.</b>	<b>Type of Insurance</b>	<b>LTC031 Individual Long-Term Care Insurance</b>
<b>10.</b>	<b>Product Coding Matrix Matix Filing Code</b>	<b>LTC031.001 - Qualified</b>

11.	Submitted Documents	<input type="checkbox"/> <b>FORMS</b> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application <input type="checkbox"/> Rider/Endorsement <input checked="" type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other  <input type="checkbox"/> <b>RATES</b> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate  <input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATES:</b> _____ Please explain:  <b>SUPPORTING DOCUMENTATION</b> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
12.	Filing Submission Date	February 15, 2008
13.	Filing Fee (If required)	Amount \$25.00 . _____ Check Date February 1, 2008 Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number 000891737
14.	Date of Domiciliary Approval	NA New York does not require LTCI advertising to be filed.
15.	Filing Description:	INDIVIDUAL LONG-TERM CARE INSURANCE ADVERTISING MATERIAL(S)
	PLEASE SEE COVER LETTER	

**View Complete Filing Description**

16.	<b>Certification (If required)</b>	
<b>I HEREBY CERTIFY</b> that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisions for the state of <u>ARKANSAS</u>		
Print Name <u>Mary J. Rinaldi</u>		Title: <u>Consultant-Compliance/Marketing/AD</u>
Original Signature <u><i>Mary J. Rinaldi</i></u>		Date <u>February 15, 2008</u>

<b>17.</b>	<b>Form Filing Attachment</b>	
<b>This filing transmittal is part of company tracking number</b>		<b>IDG08-05</b>
<b>This filing corresponds to rate filing company tracking number</b>		

	<b>Document Name</b>	<b>Form Number</b>		<b>Replace Form Number</b>
	<b>Description</b>			<b>Previous State Filing Number</b>
01	Seminar Invitation	<b>ADF#1728.06 (Rev.1207)</b>	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	<b>ADF#1728.06</b>
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
12			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	

LH FFA-1

<b>18.</b>		<b>Rate Filing Attachment</b>		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate impact for this filing		%		
	<b>Document Name</b>	<b>Affected Form Numbers</b>		<b>Previous State Filing Number</b>
	<b>Description</b>			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	

LH RFA-1





**Metropolitan Life Insurance Company**  
**NAIC: 241-65978**

**EXPLANATION OF VARIABLE MATERIAL**

**INVITATION TO INQUIRE**

**SEMINAR INVITE**

**FORM ADF#1728.06(Rev.1207)**

There are two types of variable material set forth in brackets within the enclosed form. These are:

- 1 Illustrative material; and
- 2 Specific variable material

**Illustrative Variable Material**

Illustrative variable materials consists of such items as date, time, speaker name, location, and toll-free telephone number, all which may be varied.

**SPECIFIC VARIABLE MATERIAL**

**SECTION EXPLANATION**

**MGA/Firm**

Will show the agency or firm name offering the Seminar/Presentation or may be deleted.